

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047908

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 26 1962

Primary Registration District No. 2052 Registrar's No. 451

VS 300  
Rev. 4/591 0808  
2 0808x

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Sedalia

Length of stay in 1b

28 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Bothwell Hosp

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pettis

Inside Limits  
Yes ☐ No ☐c. CITY  
OR TOWN

Sedalia

d. STREET  
ADDRESS

618 So. Barrett

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

Perry Lee Strole

4. DATE  
OF DEATH

Dec. 21, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-5-1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (City and state or country)

Pettis Co. Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James S. Strole

13b. MOTHER'S MAIDEN NAME

Monnie Hurt

14. NAME OF HUSBAND OR WIFE

Mary Strole

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, or (unknown)) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mary Strole

Address

618 So Barrett

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

Instant

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

4 yrs. 4 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 6, 1958, to December 21, 1962, and last saw him alive on December 30, 1962.  
Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

T. S. Hargis, M.D.

22b. ADDRESS

1609 S. 5th

22c. DATE SIGNED

12-22-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

12-24-1962

23c. NAME OF CEMETERY OR CREMATORY

La Monte

23d. LOCATION (City, town, or county)

La Monte, Mo

(State)

24. FUNERAL DIRECTOR

M. Laughlin Pro - Sedalia Mo

25. DATE RECD. BY LOCAL REG.

Dec. 22, 1962

26. REGISTRAR'S SIGNATURE

Frances Shelby Per  
H. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JAN # 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed K.P.M. Lary

Licensed Embalmer No. 2153

P. O. Address Salas Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.